

#6

Practitioner's Docket No. 0570.00077**PATENT****IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**☒ In re application of: Silverman et al.Application No.: ~~0809~~ 243,997 Group No.:

Filed: February 4, 1999 Examiner:

For: GABA AND L-GLUTAMIC ACID ANALOGS FOR ANTISEIZURE TREATMENT☐ Patent*:

Issued:

*NOTE: Insert name(s) of inventor(s) and title also for patent. Where request is with respect to a maintenance fee payment also insert application number and filing date and add Box M. Fee to address.

Commissioner for Patents and Trademarks
Washington, D.C. 20231

ATTENTION: Refund Section, Accounting Division, Office of Finance

REQUEST FOR REFUND
(IMPROPER CHARGE OF DEPOSIT ACCOUNT)

I. REFUND REQUEST

This is a request for a refund, with respect to the charge to Deposit Account
11-1449, shown on the statement dated 5/28/99, for the above-identified

☒ application.☐ patent.

(check the following, if desired, and supply copy of statement)

☒ A copy of the monthly statement, in which the error referred to occurs, accompanies this request.

CERTIFICATE OF MAILING/TRANSMISSION (37 C.F.R. § 1.8(a))

I hereby certify that this correspondence is, on the date shown below, being:

MAILING

☒ deposited with the United States Postal Service with sufficient postage as first class mail, in an envelope addressed to the Commissioner for Patents and Trademarks, Washington, D.C. 20231.

FACSIMILE

☐ transmitted by facsimile to the Patent and Trademark Office.

Date: 7/2/99

Signature

Constance McLean

(type or print name of person certifying)

(Request for Refund (Improper Charge of Deposit Account) [19-4]—page 1 of 3)

1999 JUL 12 PM 3:30

RECEIPT ACCOUNTING
DIVISION

AMOUNT OF
REFUND
REQUESTED

<input type="checkbox"/> Filing fee	_____
<input type="checkbox"/> Surcharge for filing the basic filing fee on a date later than the filing date of the application (37 C.F.R. § 1.16(e))	_____
<i>and/or</i>	
<input type="checkbox"/> Surcharge for filing the oath or declaration on a date later than the filing date of the application (37 C.F.R. § 1.16(e))	_____
<input type="checkbox"/> Extension of term	_____
<input type="checkbox"/> first month	_____
<input type="checkbox"/> second month	_____
<input type="checkbox"/> third month	_____
<input type="checkbox"/> fourth month	_____
<input type="checkbox"/> fifth month	_____
<input checked="" type="checkbox"/> Excess claims	\$468.00
<input type="checkbox"/> Issue fee	_____
<input type="checkbox"/> Petition fee	_____
<input type="checkbox"/> Patent maintenance fee	_____
<input type="checkbox"/> first maintenance fee	_____
<input type="checkbox"/> second maintenance fee	_____
<input type="checkbox"/> third maintenance fee	_____
<input type="checkbox"/> Patent maintenance fee surcharge	_____
<input type="checkbox"/> Other _____	_____
_____	_____
_____	_____
_____	_____
TOTAL REFUND REQUESTED	\$468.00

(Request for Refund (Improper Charge of Deposit Account) [19-4]—page 2 of 3)

III. EXPLANATION OF WHY CONTESTED CHARGE IS IN ERROR

The application was filed as a large entity with eight claims, three of which are independent. Therefore, the filing fee is \$760.00. Check No. 6389 in the amount of \$760.00 was mailed with the application at the time of filing.

IV. MANNER OF REFUND

Please make refund by

- ☒ crediting Account No. 11-1449
☐ refunding payment.

Reg. No.: 30,955

Tel. No.: (248) 539-5050

Customer No.:



SIGNATURE OF PRACTITIONER

Kenneth I. Kohn

(type or print name of practitioner)

30500 Northwestern Hwy.,

P.O. Address Suite 410

Farmington Hills, MI 48334

(Request for Refund (Improper Charge of Deposit Account) [19-4]—page 3 of 3)



UNITED STATES DEPARTMENT OF COMMERCE
Patent and Trademark Office

Address: COMMISSIONER OF PATENTS AND TRADEMARKS
Washington, D.C. 20231

MONTHLY STATEMENT
OF DEPOSIT ACCOUNT

To replenish your Deposit Account, detach and
return top portion with your check. Make check
payable to Commissioner of Patents & Trademarks.

Account No.	111449
Date	5-28-99
Page	1

KOHN & ASSOCIATES
KENNETH KOHN
30500 NORTHWESTERN HIGHWAY SUITE 410

FARMINGTON HILLS MI 48334

PLEASE SEND REMITTANCES TO:
Patent and Trademark Office
P.O. Box 70541
Chicago, Ill. 60673

DATE POSTED			CONTROL NO.	DESCRIPTION (Serial, Patent, TM, Order)	DOCKET NO.	FEE CODE	CHARGES/ CREDITS	BALANCE
MO.	DAY	YR.						
5	4	99	1	08420905		122	130.00	8962.00
5	5	99	62	09284782	0168.00050	956	574.00	8388.00
5	10	99	277	PCT/US99/06706		704	-70.00	8458.00
5	11	99	262	09180819	3027.00002	956	574.00	7884.00
5	13	99	1	08777532	0927-00050	205	65.00	7819.00
5	18	99	22	09243997	0570.00077	202	39.00	7780.00
5	18	99	23	09243997	0570.00077	202	429.00	7351.00
5	21	99	69	60117952	3063.00002	114	-75.00	7426.00
5	21	99	85	09310638	2391.00096	202	9.00	7417.00
5	21	99	87	09310638	2391.00096	204	130.00	7287.00
				OPENING BALANCE		TOTAL CHARGES	TOTAL CREDITS	CLOSING BALANCE
				9092.00		1950.00	145.00	7287.00

N AMOUNT SUFFICIENT TO
OVER ALL SERVICES REQUESTED
UST ALWAYS BE ON DEPOSIT.

*** 00 INDICATES OVERDRAWN